

Elmhurst Hospital Center
Discharge/Transfer Summary
79-01 Broadway Elmhurst, New York 11373

Discharge/Transfer Summary

Patient: Reyes, Jason
 MR - V#: 2703710-1
 DOB/Age/Sex: 01/03/83 23Y M
 Order Author:
 Location: B4-11 01

DOS: 05/27/06
 Report Date: 05/27/06

Unscheduled Discharge/Transfer Summary -- cont'd

Hospital Course: Pt was admitted to telemetry, was r/o for MI w/ cardiac enzymes x 3. Pt had diffuse t wave inversions on his EKG, cardiology read as interventricular conduction delay, unlikely ischemia. Pt underwent an ECHO to r/o congenital heart disease and r/o valvular dz or wall motion abnormalities; ECHO was nml. It was determined that pt likely had chostochondritis, was d/c back to rikers w/ motrin and nexium for gastric protection. Pt has a h/o reflex sympathetic dystrophy, was continued on neurontin and percocet as needed for pain.

Allergies - Med : no known allergies
 Allergies - Other: no known allergies

Discharge Rx : *Gabapentin 400 mg Capsule take one tablet by mouth twice daily, Escomeprazole Magnesium 20 mg Oral Cap DR take one tablet by mouth daily x 14 days, Ibuprofen 600 mg Tablet take one tablet by mouth every 8 hours x 14 days

Activity : As tolerated.
 Diet : Regular
 Provider : Lindsey Reese, MD
 Attending : Rahul Patel, MD
 Diagnosis : Chest Pain
 Comment : Pt to return to Rikers, accepting physician Dr. Bashir

I have read and understand the above discharge plan and I understand it is important to follow these instructions.

Patient/Significant Other Signature

Jason Reyes

Reviewed by: Theresa Farber
5/27/06

Nursing Division

PATIENT DISCHARGE INFORMATION RECORD

REYES, JASON
270-37-10X
01/03/1983M-S

Date 5/27/06

Unit

After leaving the hospital you will continue the following: (✓ and provide instructions)

<input checked="" type="checkbox"/> Exercise	As tolerated.
Dressing/Wound Care	
Glucose Testing	
Cast / Pin Care	
Weights	
Tube / Catheter Care	
Other	

Special Nutrition / Diet Needs:

Regular.

COPY GIVEN: YES NO
Vaccination:

Vaccination

- Pneumovax: Date given: *not*
- Influenza: Date given: *eligible*
-

Medication (drug information given – purpose and side effects discussed)

Follow-up Care:

Appointment for	Date & Time	Location	Appointment for	Date & Time	Location

Social Work Plan (If required):

Have You Smoked In The Last 12 Months No Yes

If you wish to quit smoking, Call 334-718-334-2550 (English & Spanish) or 334-2237 (Chinese) for Appointment to Smoking Cessation Program.

If you have any unusual symptoms or questions Call adult call center at 718-334 - 2920, Obstetrics 334-3150, Children 334-3025

In case of any of the following, call your physician or come directly to the emergency room:

If You have chest pain call your physician

Or come to emergency room

**Be sure to bring
appointment slip,
this record and your
medication/s with
you on the day of
your appointment.**

Copy received - be sure to ask if you have any questions.

PATIENT/FAMILY MEMBER

NURSE NYC 0000079

BN

KEYES, JASON New York, NY
 270-37-10X 270-37-10X
 01/03/ ADULT DISCHARGE INSTRUCTIONS ADDENDUM 983M-S

15-11357-0

JASON

37-10X

01/1483M-S

PREVENTION TECHNIQUES for HEALTHY LIFESTYLE		TECNICAS DE PREVENCION por ESTILO DE VIDA SALUDABLE	
<p>Every person can follow a healthy lifestyle. Here is a list of things you can do to change your lifestyle and reduce your risk for high blood pressure, heart disease, and stroke:</p> <ul style="list-style-type: none"> - Eat healthy and nutritious foods - Lose weight if you are overweight - Exercise - Don't smoke - Limit alcohol and caffeine - Manage stress - Get plenty of sleep 		<p>Toda persona puede observar un estilo de vida saludable. A continuación encontrará una lista de cosas que puede hacer para cambiar su estilo de vida y reducir el riesgo de presión sanguínea alta, insuficiencia cardiaca, y derrame cerebral:</p> <ul style="list-style-type: none"> - Ingiera alimentos saludables y nutritivos - Pierda peso si está excedido - Haga ejercicio - No fume - Limite el consumo de alcohol y cafeína - Controle el estrés - Duerma mucho 	
<p>Remember if you want to live a healthier life, find out if you have high blood pressure, heart disease or stroke. Talk with your doctor about lifestyle changes. Follow your doctor's advice.</p>		<p>Recuerde: si desea vivir una vida más saludable, determine si tiene presión sanguínea alta, insuficiencia cardiaca, o derrame cerebral. Hable con su doctor sobre cambios en su estilo de vida. Siga los consejos del doctor.</p>	
<p>HOW CAN YOU TRY TO AVOID GETTING A COLD?</p> <ul style="list-style-type: none"> • Wash your hands often. You can pick up cold germs easily, even when shaking someone's hand or touching doorknobs or handrails. • Avoid people with colds when possible. • Clean surfaces you touch with a germ-killing disinfectant. • Don't touch your nose, eyes or mouth. Germs can enter your body easily by these paths. 		<p>¿CÓMO PUEDE TRATAR DE EVITAR UN RESFRIO?</p> <ul style="list-style-type: none"> • Lávese las manos con frecuencia. Los gérmenes de la gripe son fáciles de contagiar, incluso mientras le da la mano a alguien o toca picaportes o pasamanos. • Dentro de lo posible, evite el contacto con personas resfriadas. • Si estornuda o tose, hágalo en un pañuelo descartable y luego tirelo. • Limpie las superficies que toca con un desinfectante que mate los gérmenes. • No se toque la nariz, los ojos o la boca. Los gérmenes pueden entrar fácilmente en su cuerpo a través de estas vías. 	
<p>DEEP VEIN THROMBOSIS (DVT) PREVENTION</p> <p>Activity Level:</p> <ul style="list-style-type: none"> • Increasing your activity by walking and being active reduces the risk of developing a blood clot. • Prolonged riding in a car, bus, train or plane may increase your risk of a blood clot. • When sitting, put your legs up on a pillow, and do not cross your legs or ankles. • When lying down, do not cross your ankles. <p>Smoking Cessation:</p> <ul style="list-style-type: none"> • If you smoke, stop! • Think about joining a smoking cessation program. 		<p>PREVENCIÓN DE LA TROMBOSIS VENOSA PROFUNDA</p> <p>Nivel de actividad:</p> <ul style="list-style-type: none"> • Aumentar su actividad con caminatas y mantenerse activo reduce el riesgo de desarrollar un coágulo. • Los viajes prolongados en auto, autobús, tren o avión pueden aumentar el riesgo de formación de un coágulo. • Cuando se siente, ponga las piernas sobre una almohada y no cruce las piernas o tobillos. • No cruce los tobillos al acostarse. <p>Dejar de fumar:</p> <ul style="list-style-type: none"> • Si fuma, ¡deje de hacerlo! • Piense en unirse a un programa para dejar de fumar. 	
<p>HEART FAILURE SYMPTOMS</p> <ul style="list-style-type: none"> • Stable weight / No new symptoms • Sudden weight gain (3 or more pounds in one day, 5 or more pounds in one week) • Shortness of breath / Swelling of legs • Trouble sleeping (waking up short of breath) • Frequent dry hacking cough / Fatigue • Chest pain or heaviness • Dizziness or fainting • Persistent difficulty in breathing 	<p>ACTION</p> <ul style="list-style-type: none"> No Action Call your doctor to Adjust meds Call 911 	<p>SINTOMAS DE INSUFICIENCIA CARDIACA</p> <ul style="list-style-type: none"> • Peso estable: Sin síntomas nuevos • Repentino aumento de peso (3 libras o más en un día, 5 libras o más en una semana) • Falta de aire / Piernas hinchadas • Dificultad para dormir (despertar por falta de aire) • Tos seca frecuente / Fatiga • Dolor u opresión en el pecho • Mareos o desmayos • Dificultad persistente para respirar 	<p>ACCION</p> <ul style="list-style-type: none"> Ninguna acción Llame a su medico para ajustar la medicacion Llame al 911

If patient is unable to sign, please sign and print name and relationship to patient.

JASON REMUS
PATIENT/FAMILY MEMBER

ELM 290 ADDENDUM (English/Spanish) 11-6
Adult Discharge Instructions-Addendum (In English/Spanish)

Si el paciente no puede firmar, escriba y firma nombre y relación al paciente.

RN
NURSE

NYC 0000080

ORIGINAL-PATIENT

This prescription is valid for non-controlled substances only.
The issuing facility is exempt from the NYS Official Rx Program.

Rx: Motrin (Ibuprofen 600 mg Tablet)

Elmhurst Hospital Center
79-01 Broadway
Elmhurst, NY 11373 Tel: (718) 334-4000 MMIS: 246075

600 mg tab by mouth
q8h at default 0600/1400/2200

Prescriptions filled by EHC will be filled generically as directed

Date of Rx: 27 May 06

Disp. Qty: 42

L Reese

(signature)

MR # : 2703710
Pt. Name: Reyes, Jason
Address : 1515 Hazen St.
East Elmhurst, NY 11370
BCB : 03 Jan 1983 Loc: B4-11 01

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW



Dispense As Written

ORIGINAL RX - Number of Refills: 0

Reese, Lindsey, MD

NY Lic #:

Clinic :

Lindsey Reese, MD
Dic. code 63126
917-649-1629

This prescription is valid for non-controlled substances only.
The issuing facility is exempt from the NYS Official Rx Program.

Elmhurst Hospital Center
79-01 Broadway
Elmhurst, NY 11373 Tel: (718) 334-4000 MMIS: 246075

Rx: Nexium (Esomeprazole Magnesium 20 mg Oral Cap DR)

20 mg DR Cap by mouth
daily at default 1000

Prescriptions filled by EHC will be filled generically as directed

Date of Rx: 27 May 06

Disp. Qty: 14

L. Reese

(signature)

R # : 2703710
Pt. Name: Reyes, Jason
Address : 1515 Hazen St.
East Elmhurst, NY 11370
DOB : 03 Jan 1983 Loc: B4-11 01

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW



Dispense As Written

ORIGINAL Rx - Number of Refills: 0

Reese, Lindsey, MD
NY Lic #: _____

Clinic : _____

Lindsey Reese, MD
Dic. code 63126
917-649-1629

NYC 0000082

This prescription is valid for non-controlled substances only.
The issuing facility is exempt from the NYS Official Rx Program.

/

Elmhurst Hospital Center
79-01 Broadway
Elmhurst, NY 11373 Tel: (718) 334-4000 MMIS: 246075

Rx: Neurontin (*Gabapentin 400 mg Capsule)

800 mg cap by mouth
bid at default 1000/1800

Prescriptions filled by EHC will be filled generically as directed

Date of Rx: 27 May 06

Disp. Qty: 60

L Reese

(signature)

R #: 2703710
Pt. Name: Reyes, Jason
Address : 1515 Hazen St.
 East Elmhurst, NY 11370
DOB : 03 Jan 1983 Loc: B4-11 01

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW



Dispense As Written

ORIGINAL Rx - Number of Refills: 0

Reese, Lindsey, MD
NY Lic #: _____
Clinic : _____

Lindsey Reese, MD
Dic. code 63128
917-649-1629

NYC 0000083

3490602628
Born 1/13/1993

5/25/2006
12:23:32 PM

reyes, Jason
Male
Race: Hispanic

BP: / / 34/74 - 16 - 62 - 95°
PHG (1)

SINUS RHYTHM..... normal P axis, V-rate 50-99
ABNORMAL T, PROBABLE ISCHEMIA, WIDESPREAD..... T <-0.50mV, ant/lat/inf

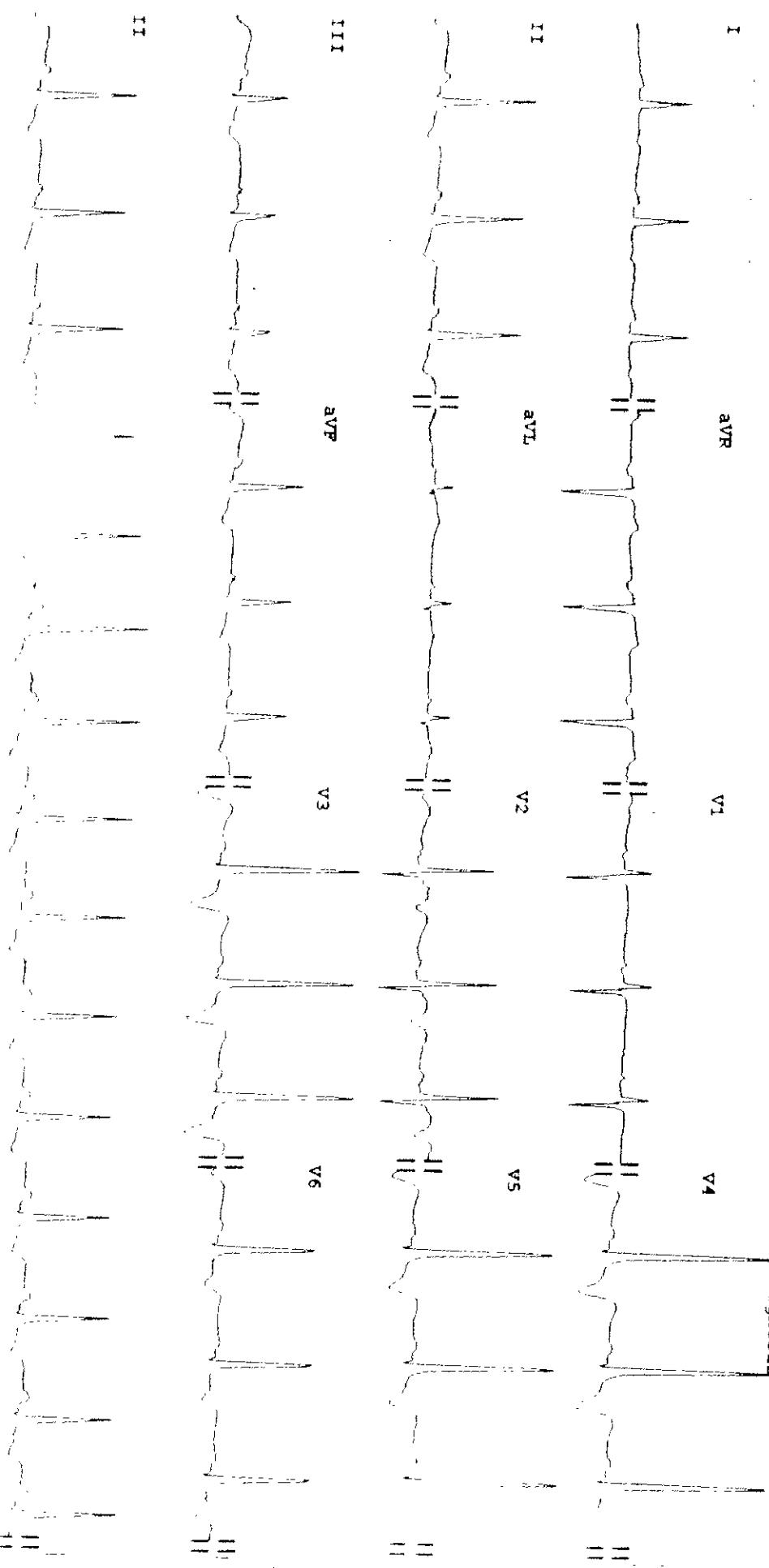
Rate 90
PR 152
QRS 86
QT 350
QTC 440

--AXIS--
P 62
QRS 55
T 263

- ABNORMAL ECG -

Unconfirmed Diagnosis

FAC: LOANER



NYC 0000084

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES			
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
INDICATION									
3									
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
INDICATION									
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
INDICATION									
DATE	TIME	PREScriBER SIGNATURE		STAMP		RPh			
PATIENT LAST NAME		FIRST NAME		BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
Reyes		JASON		3498602628		D3		X	
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
Gabapentin	400 mg	Po	BID		30 day				
INDICATION									
2									
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
Prostanix	40 mg	Po	q12h		30 day				
INDICATION									
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
Ibuprofen	600 mg	Po	Q8h		14 day				
INDICATION									
DATE	TIME	PREScriBER SIGNATURE		STAMP		RPh			
5/27	8:00 AM	<i>[Signature]</i>							
PATIENT LAST NAME		FIRST NAME		BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
Sattay		Ewart							
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
INDICATION									
1									
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
INDICATION									
DRUG	DOSE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME		
INDICATION									
DATE	TIME	PREScriBER SIGNATURE		STAMP		RPh			

Write medication orders beginning from bottom of page
Chart Copy-White; Pharmacy Copy-Yellow

NYC 0000085

Please use ball point pen and print legibly.

Referring DOC Facility: <u>NYU</u>	Referring MD: <u>DR. J. WILSON</u> (Please Print)	
Hospital Run: <input checked="" type="checkbox"/> EMS <input type="checkbox"/> DOC <input type="checkbox"/> 3 hr. MD Phone # <u>718-546-4382</u>	Date: <u>11/26/07</u> Time: <u>11:55</u> AM/PM	
Referred to: <input type="checkbox"/> KCHC <input type="checkbox"/> Elmhurst <input type="checkbox"/> Bellevue	<input type="checkbox"/> Other: _____	
Patient Name: <u>E. F. S. - ASH</u>	B&C #: <u>141-121-1234</u> DOB: <u>11/3/54</u> (Please Print)	
Contact Urgicare if you have questions: Beeper# 917-949-1234 Phone# 718-546-4333		
COMPLAINT: <u>2 days M/C with fever PE</u> <u>Worsening over last 2 days with chest pain</u> <u>Worsening over last 2 days with shortness of breath</u> <u>Worsening over last 2 days with cough</u>		
PMH: <u>None</u> <u>None</u> <u>None</u>		
MEDS: <u>None</u>	Studies/Labs: <u>None</u>	
Tx@RI: <u>None</u>		
Allergies: <u>None</u>	FU: <u>None</u>	
Significant ED findings/studies:		
Discharge Dx:		
Recommended FU:		
Fax completed form to Urgicare Center @ time of discharge - 718-546-4382		
Physician Name (print): <u>Dr. J. Wilson</u>	Signature: <u>Dr. J. Wilson</u>	Date: <u>11/26/07</u>
Phone # <u>718-546-4382</u>		

CONTACT URGICARE IF YOU HAVE QUESTIONS / INFORMATION.

FOR BOROUGH HOUSES CONTACT REFERRING PRACTITIONER (ABOVE).

BEEPER #: 917-949-1234

PHONE #: 718-546-4333

NYC 0000086

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name REYES, JASON DOB 1/13/83FROM NIC 03, 349060262a
Correctional institution Inmate no.Referred to CT Ward / Clinic

Hospital / Clinic no.

Chief complaint or findings:

PL

Diagnosis, treatment and medications by C.H.S.:

23 Yr M was referred to CT
 5/4/06 for D.O. patient
 -FEP sl/wx flu - mo per
 your request

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

TIAWS

Date 5/17/06 Referring Physician Thomas Schwaner, PA Phone _____Approved Roslyn Gluckstein, MD

Consultation, findings and recommendations:

Pt to STC c/o pain, impeded posturing, position ambulation, transfers, basic mobility 20 to 85% resulting RSD s/s to ① foot (see eval 5/4/06, pt is to be treated for s/s; will be observed for spontaneous recovery in ambulation; PAINL s/s

Date 5/22/06 Physician Karen Drake MS PT

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM B

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER		HOSPITAL AREA		ALLERGIES	
DRUG	DOSAGE	ROUTE	FREQUENCY		DURATION	NURSE	DATE/TIME
INDICATION							

3

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE	TIME	PREScriber SIGNATURE	STAMP		RPh
PATIENT NAME					

PATIENT LAST NAME REFES	FIRST NAME JASON	BOOK & CASE NUMBER 3490602628	HOUSING AREA NICU⁰³	ALLERGIES		
DRUG DIC M5 CONT/N	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	LATE TIME
INDICATION						

2

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
OXYCONTIN	20 mg	PO	BID	7d	LH	5/25/06
INDICATION	BLUE STAR AM DOSE	q4hrs	Urgency	11:30		
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

Faisal Ali, MD

DATE 5/25/06	TIME 10:06	PREScriber SIGNATURE <i>T.S.</i> CA	STAMP Thomas Schwaner, PA	0864	RPM	
PATIENT LAST NAME REYES		FIRST NAME JASON	BOOK & CASE NUMBER 349-0602628	HOUSING AREA NLC On	ALLERGIES NKA	
DRUG MS COXTIN	DOSE 15 mg	ROUTE Po	FREQUENCY BID	DURATION 7d	NURSE	DATE/TIME
INDICATION						

1

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	CARE TIME
CYMALIN	50 mg	po	q1	72		

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	LATENTIME
Fluconazole	200 mg	PO	Q AM	7d		

LC Bif PA ~ MGR

Write medication orders beginning from bottom of page
Chart Copy-White; Pharmacy Copy--Yellow

NYC 0000088

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM B

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME REYES	FIRST NAME JASON	BOOK & CASE NUMBER 3490602628	HOUSING AREA NIC B	ALLERGIES NKA
DRUG HC CREAM	DOSE q.s.	ROUTE TOPICAL	FREQUENCY BID	DURATION 142
INDICATION				

3

DRUG OIC OXYCONTIN	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DRUG MS CONTIN	DOSE 15m	ROUTE PO	FREQUENCY BID	DURATION 7d	NURSE	DATE/TIME
INDICATION						

DATE 5/18/00	TIME 11:00 AM	PRESCRIBER SIGNATURE T.S. 0867	STAMP HC #19837	THOMAS SCHWANER, PA	ROBERT GEORGES, MD	APR
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Marie Robert Georges, MD

Thomas Schwaner, PA

PATIENT LAST NAME REYES	FIRST NAME JASON	BOOK & CASE NUMBER 3490602625	HOUSING AREA NIC B	ALLERGIES NKA		
DRUG LIDOCAINE 5% LIQUID	DOSE 10ml	ROUTE TOPICAL	FREQUENCY QD	DURATION 30d	NURSE	DATE/TIME
INDICATION						

2

DRUG ↑ NEURODSTIN	DOSE 1000mg	ROUTE PO	FREQUENCY TID	DURATION 30d	NURSE	DATE/TIME
INDICATION						

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE 5/17/00	TIME 11:00 AM	PRESCRIBER SIGNATURE T.S. 0864	STAMP 0864	THOMAS SCHWANER, PA	ROBERT GEORGES, MD	APR
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OMH IN TESTED

PATIENT LAST NAME REYES	FIRST NAME JASON	BOOK & CASE NUMBER 3490602628	HOUSING AREA NIC B	ALLERGIES NKA		
DRUG OXYCONTIN	DOSE 20mg	ROUTE PO	FREQUENCY BID	DURATION 7d	NURSE	DATE/TIME
INDICATION						

1

DRUG GYMALTA	DOSE 60mg	ROUTE PO	FREQUENCY QD	DURATION 7d	NURSE	DATE/TIME
INDICATION						

DRUG PROVIGIL	DOSE 200mg	ROUTE PO	FREQUENCY QAM	DURATION 7d	NURSE	DATE/TIME
INDICATION						

DATE 5/17/00	TIME 11:00 AM	PRESCRIBER SIGNATURE T.S. 0864	STAMP 0864	THOMAS SCHWANER, PA	Faisal AH, MD	APR
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Write medication orders beginning from bottom of page.
Chart Copy-White Pharmacy Copy-Yellow

3490502628
Born 1/13/19835/25/2006 12:24:04 PM reyes, jason
Male Race: Hispanic

Rate 101

PR 148

QRS 87

QT 344

QTC 446

--AXIS--

P 75

QRS 60

T 263

SINUS TACHYCARDIA.....
REPOL ABNRM, PROBABLE ISCHEMIA, DIFFUSE.....
LEADS ST dep, T neg, ant/lat/inf

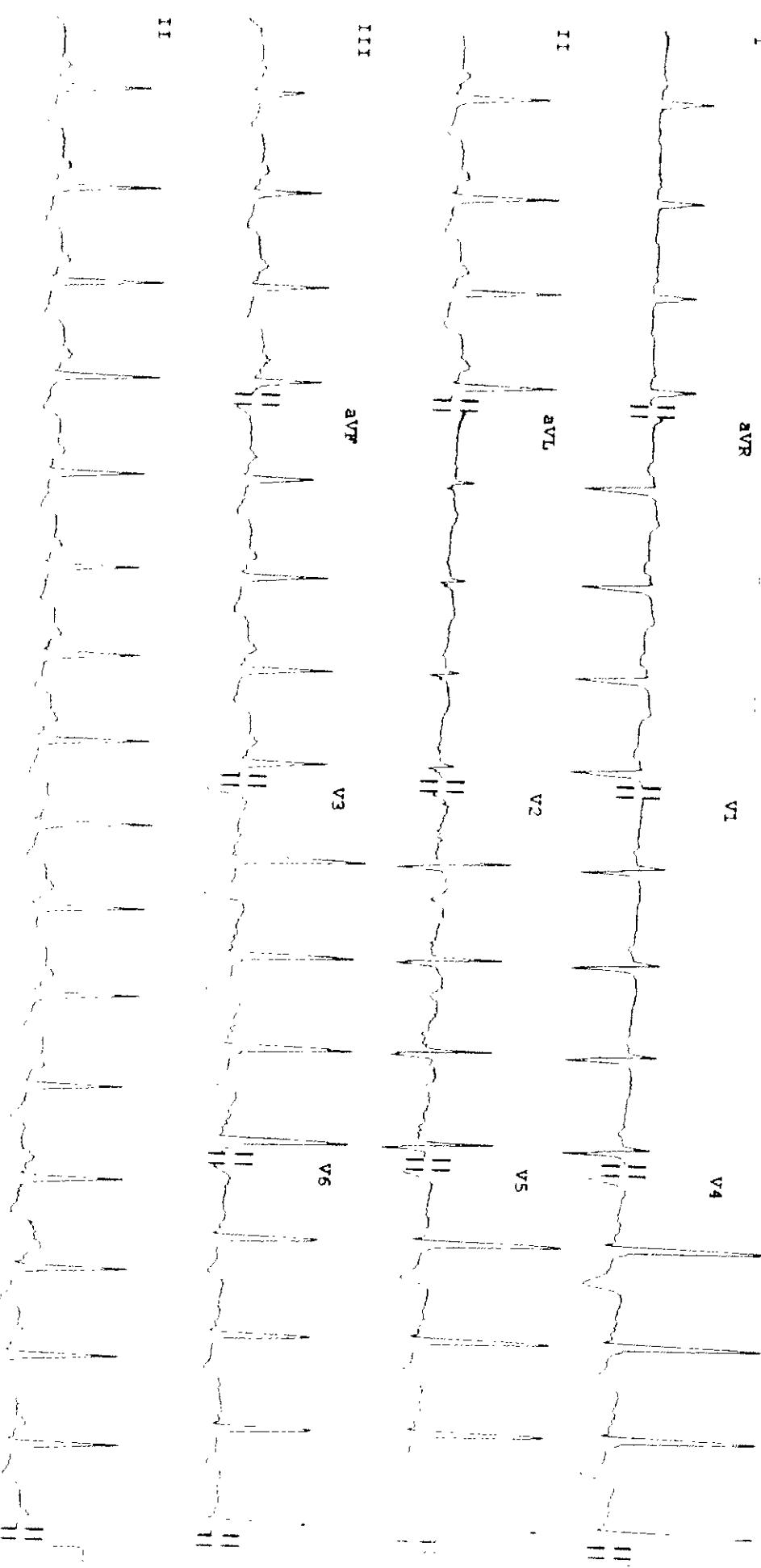
V-rate>99

BP: 134/76 -16-62-99, PHS

- ABNORMAL ECG -

Unconfirmed Diagnosis

Fac: LOAVER



CONSULTATION REQUEST

**NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE**

Leave blank for hospital use

Patients' Name	DOB	
FROM	Correctional institution	Inmate no.
Referred to	Ward / Clinic	
Hospital	/ Clinic no.	

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____	DOB _____
FROM _____	_____ / _____ / _____
Correctional institution	Inmate no.
Referred to _____	Ward / Clinic
Hospital _____	/ Clinic no.

Chief complaint or findings:**Diagnosis, treatment and medications by C.H.S.:**Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Thomas Schwaner PA

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

Reminder: Fully Complete the Problem List

NYC 0000092



Neuroscience Associates of New York

1090 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/816-3379

Neurology

Stephen A. Kulok, M.D., F.A.A.N., F.A.C.P.
Steven B. Schwartzberg, M.D.
Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.
Glenn D. Bobbitt, D.O.

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.
John S. Shlau, M.D., F.A.C.S.
Anthony J.G. Abastia, M.D.

Emeritus

Harvey R. Leventhal, M.D., F.A.C.S.

Neuropsychology

Reuven L. Weiss, Ph.D.

May 1, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been followed in our pain management practice since June 2003. He suffers from chronic left lower extremity pain secondary to RSD or reflex sympathetic dystrophy, which causes him to have a permanent disability. The patient has not been seen in our office in the last few months. Previously the patient had been managed on a regimen of medications including OxyContin 20 mg, q 6h.

If you have any further questions please feel free to contact our office at 718-448-3210 extension 2287.

Sincerely yours,

G. Rowe M.D.
G. Rowe M.D.

Naomi Alcock, P.A.
Germaine N. Rowe, M.D.

NA/km

Voice ID: 16675-441/Text ID: 13363963



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targee Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 5/1/06
TO: Resana
COMPANY:
FAX: 398-8995

RE: Dajzen Reges

Number of pages including cover: (2)

MESSAGE:

OFFICIAL NEW YORK STATE PRESCRIPTION

HEALTHCARE ASSOCIATES IN MEDICINE, PC

GERMAINEN ROWE, MD
LIC. 204300
 NAOMI BALCOCK, PA
LIC. 007057

GLENN D. BABUS, DO
LIC. 229217
 SABRINA R. SIMONETTI, PA
LIC. 010118

1099 TARGE STREET, STATEN ISLAND, NY 10304 (718) 448-3210

Prescriber Name, Address
[Redacted]

Patient Name Dajzen Reges Date 5/1/06

Address

City

State

Zip

Age

Sex

M/F

Rx PT 2-3x/week X 6-8wks

TO L1 wrist/elt
multimedically
dx: reflex sympathetic
dystrophy

Prescriber Signature

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES OTHERWISE BELOW.

REFILLS _____

EXPIRATION DATE

818081 12

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NEUROLOGY
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Anthony L. Holman, MD

PEDIATRIC NEUROLOGY
Suzanne A. Scherzerberg, MD
Laura M. Ullrich, MD

NEUROSURGERY
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John S. Shami, MD
Anthony L.G. Hertz, MD
Harvey E. Levinthal, MD, FACS
Emmett

DENTISTRY
Stephen J. Pollock, MD, FACS
Joseph A. Saccoccia, MD, FACS
Albert L. Acciari, Jr., MD
John P. Kelly, MD
David A. Crocker, MD
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Glen D. Rubin, DO

PHYSICAL THERAPY
Alexander P. Martone, PT
Jacqueline Ortega, PT

NEUROPSYCHOLOGY
Bonnie Weiss, PhD

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICATION ORDER SHEET

CHS FORM

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME	
INDICATION							

3

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE	TIME	PRESCRIBER SIGNATURE	STAMP				RPH
PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME	
INDICATION	8P	TOP	QID	2D			

2

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE	TIME	PRESCRIBER SIGNATURE	STAMP				RPH
PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER		HOUSING AREA		ALLERGIES	
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME	
INDICATION	IT	TOP/IT	QD	30L			

1

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE	TIME	PRESCRIBER SIGNATURE	STAMP				RPH
3/12/06	7/12/06	Thomas Schwaner, PA	Marie Georges, MD				
Write medication orders beginning from bottom of page Chart Copy-White: Pharmacy Copy-Yellow							

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME DRUG	FIRST NAME	BOOK & CASE NUMBER	HOUSING AREA	ALLERGIES
REYES	JASON	3490602 G28 NIC	O ₂	
OXYCONTIN	20mg	ROUTE	FREQUENCY	DURATION
INDICATION		Po	BID	7d
3	PER PH (A.N. MGR)			

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
Cymbalta	60mg	Po	QD	7d		
INDICATION	PER PH (A.N. MGR)					
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
Privil	200mg	Po	Q AM	7d		
INDICATION	PER PH (A.N. MGR)					

DATE	TIME	PREScriBER SIGNATURE	STAMP	Thomas Schwaner, PA			
5/11/06		T/S (T)	0564	<i>Harinder Bhatti, MD</i> <i>5/11/06</i>			
PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER	HOUSING AREA	ALLERGIES			
REYES	JASON	3490602 G28 NIC	O ₂				
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME	
TYLENOL	650mg	Po	BID	4d			
INDICATION							

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE	TIME	PREScriBER SIGNATURE	STAMP	Harinder Bhatti, MD Thomas Schwaner, PA			
5/9/06		T/S (T)	0564	RPH			
PATIENT LAST NAME	FIRST NAME	BOOK & CASE NUMBER	HOUSING AREA	ALLERGIES			
REYES	JASON	3490602 G28 NIC	O ₂				
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME	
OXYCONTIN	20mg	Po	BID	7d			
INDICATION							

DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						
DRUG	DOSE	ROUTE	FREQUENCY	DURATION	NURSE	DATE/TIME
INDICATION						

DATE	TIME	PREScriBER SIGNATURE	STAMP	Harinder Bhatti, MD Thomas Schwaner, PA			
5/5/06		T/S (T)	0564	RPH			
Write medication orders beginning from bottom of page.							
Chart Copy-White; Pharmacy Copy-Yellow							

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name	REYES, JASON	DOB	1/13/83
FROM	NYC 03	3490602628	
Correctional institution	Inmate no.		
Referred to	PT	Ward / Clinic	
Hospital	/ Clinic no.		

PT

Chief complaint or findings:

23 YO M HTX OF

Diagnosis, treatment and medications by C.H.S.:

RSD REFLEX SYMPTOMATIC OYSTERS
 SINCE SCST 2002,
 BILATERAL LEG (AIP + WEEKNES)
 HYPERESTHESIA TO (L) HEEL

Request: PT FOR ROM TO
 LOWER EXTREMITIES (AS TOLERATED)

Date 5/4/06 Referring Physician Thomas Schwaner, PA

Phone _____

Sunder Bhatti, MD
Approved

Consultation, findings and recommendations:

NYC 0000097

Pt has report of RSD; 2^o to work related injury;
 S/S of RSD to (C) foot w/l and plantar surface
 - & ROM @ ankle clearly evident; pt has hyperkinesia
 in (C) & cogwheel oscillations evident when transferring
 w/ sitting or walking; gait is impaired by RSD & (E/I)
 pain

Date 5/4/06 Physician John Lanza brought on with w.b. - Q to & pain
 syndrome ^{physical agents (4.5 hrs)} _{Reminder: Fully Complete the Problem List} return to P.T.

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

**MEDICATION
ADMINISTRATION RECORD**

PATIENT LAST NAME <u>Rogers</u>	FIRST NAME <u>Jasmin</u>	
DRUG <u>3490602628</u>	LOCATION <u>NIC DA</u>	
INDICATION <u>Cymbalta</u>	NEW	
DOSE <u>40 mg</u> ROUTE <u>PO</u>		
FREQUENCY <u>daily</u>		RENEW
DATE <u>4/18/06</u>		DURATION <u>2 wks</u>
MD / PA SIGNATURE <u>Habib Kamkhaji, MD</u>		
D/C DATE <u>4/18/06</u>	TIME <u>0700</u>	RPH

PATIENT LAST NAME <u>Reyes</u>	FIRST NAME <u>Jaxon</u>	
ID # <u>3490602628</u>	LOCATION <u>NIC Dein 2A</u>	
DRUG <u>Oxycontin SR</u>	NEW	
INDICATION <u>Pain managed</u>		
DOSE <u>20 mg</u>	ROUTE <u>PO</u>	RENEW
FREQUENCY <u>6/12 Hrs</u>	DURATION <u>7 days</u>	CHANGE
DATE <u>4/1/906</u>	TIME <u>3pm</u>	
MD'S SIGNATURE <u>Rajeev L. Patel, MD</u>		
D/C DATE <u>4/1/906</u>	DOSAGE <u>30mg</u>	RPH <u>3pm</u>

Reyes		Jasai	
10 3490602628	LOCATION D2		
DRUG Pethur			NEW
INDICATION			
DOSE 800 mg	ROUTE PD	RENEW	
FREQUENCY 1.0 AM + 1.0 AM	DURATION daily	CHANGE	
DATE 4/18	TIME		
MD / PHARMACIST SIGNATURE M. J. SINGH			
O/C DATE	HU/S/E <i>Kid</i>	TIME	RPH

Drugs Not Administered Code Key:

NYC 000009

1. Refusal 2. Out of Court 3. Out of Hospital/specialty clinic 4. Off Unit (i.e. visit, recreation, library)	5. Withheld (pending lab, abnormal lab, and/or vital signs) 6. Non-formulary and not available at time of administration 7. Not in cassette, pharmacy notified 8. Medication given to take to court or hospital specialty clinic 9. OOS (Out of Stock) at time of administration
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NYC 0000098

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENEMEDICATION
ADMINISTRATION RECORD

10

PATIENT LAST NAME <i>Reyes</i>	FIRST NAME <i>Jason</i>	
ID # <i>3490602628</i>	LOCATION <i>Nic D/A</i>	
DRUG <i>Oxycontin SR</i>	NEW	
INDICATION <i>Pain</i>		
DOSE <i>70</i>	ROUTE <i>PO</i>	RENEW
FREQUENCY <i>Q12hs</i>	DURATION <i>2 day, then taper</i>	CHANGE
DATE <i>4/18/06</i>	TIME <i>6 AM</i>	
MD/PA SIGNATURE <i>Habib Kamkhaji, MD</i>		
D/C DATE	NURSE <i>Kirk</i>	NAME <i>0730</i>
		RPH

PATIENT LAST NAME <i>Reyes</i>	FIRST NAME <i>Jason</i>	
ID # <i>3490602628</i>	LOCATION <i>Nic D/A</i>	
DRUG <i>Neurotin</i>	NEW	
INDICATION		
DOSE <i>300</i>	ROUTE <i>PO</i>	RENEW
FREQUENCY <i>TID</i>	DURATION <i>2 WKS</i>	CHANGE
DATE <i>4/18/06</i>	TIME <i>6 AM</i>	
MD/PA SIGNATURE <i>Habib Kamkhaji, MD</i>		
D/C DATE	NURSE <i>Kirk</i>	NAME <i>0730</i>
		RPH

PATIENT LAST NAME <i>Reyes</i>	FIRST NAME <i>Jason</i>	
ID # <i>3490602628</i>	LOCATION <i>Nic D/A</i>	
DRUG <i>Lidoderm Patch 5%</i>	NEW	
INDICATION		
DOSE <i>1 Patch</i>	ROUTE <i>Topical</i>	RENEW
FREQUENCY <i>BID PM</i>	DURATION <i>2 wks</i>	CHANGE
DATE <i>4/18/06</i>	TIME <i>Habib Kamkhaji, MD</i>	
MD/PA SIGNATURE <i>Kirk</i>		
D/C DATE	NURSE <i>Kirk</i>	NAME <i>0730</i>
		RPH

PATIENT'S NAME: *Reyes, Jason*
 ID #: *349-06202628*
 DIAGNOSIS: *Reflex Sympathetic dystrophy*
 ALLERGY: *Fentanyl* LOC: D 2A

		MONTH APRIL												YEAR 2006		
D	HR	18	19	20	21	22	23	24	25	26	27	28	29	30	31	APR
9A																18/06
9P																
D	HR															

		MONTH APRIL												YEAR 2006		
D	HR	18	19	20	21	22	23	24	25	26	27	28	29	30	31	APR
5A	X	18	19	20	21	22	23	24	25	26	27	28	29	30	31	APR
1P	/															
9P																
D	HR															

		MONTH APRIL / MAY												YEAR 2006		
D	HR	18	19	20	21	22	23	24	25	26	27	28	29	30	31	APR
9A																APR
9P																
D	HR															

- 1. Refusal
- 2. Out of Court
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- 4. Off Unit (i.e. visit, recreation, library)
- 5. Withheld (pending lab, abnormal lab, and/or vital signs)
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- 7. Not in cassette, pharmacy notified
- 8. Medication given to take to court or hospital specialty clinic
- 9. OOS (Out of Stock) at time of administration

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

**MEDICATION
ADMINISTRATION RECORD**

PATIENT LAST NAME Reyes	FIRST NAME JASON	
ID# 3490602628	LOCATION NFC Burn 2A	
DRUG ↑ Cymbalta	NEW	
INDICATION RSD		
DOSE 60 mg	ROUTE PC	RENEW
FREQUENCY QD	DURATION 5 days	CHANGE
DATE 7/21/06	TIME 1040 am	
MD / RN SIGNATURE <i>Rajeev K. Achari, MD</i>		
DISC DATE 7/26/06	NURSE Rajeev	TIME 11am

PATIENT LAST NAME Reyes	FIRST NAME JASUN	
ID# 3490602628	LOCATION NFC Burn 2A	
DRUG Provigil	NEW	
INDICATION RSD		
DOSE 200 mg	ROUTE P	RENEW
FREQUENCY q AM	DURATION 5 days	CHANGE
DATE 7/21/06	TIME 1040 ~	
MD / RN SIGNATURE <i>Rajeev K. Achari, MD</i>		
DISC DATE 7/26/06	NURSE Rajeev	TIME 11am

Drugs Not Administered Code Key:

1. Refusal
2. Out of Court
3. Out of Hospital/specialty clinic
4. Off Unit (i.e. visit, recreation, library)
5. Withheld (pending lab, abnormal lab, and/or vital signs)
6. Non-formulary and not available at time of administration
7. Not in cassette, pharmacy notified
8. Medication given to take to court or hospital specialty clinic
9. OOS (Out of Stock) at time of administration

CHS 1061 (Rev 6/04)

NYC 000100

STAT OR SINGLE DOSE MEDICATIONS

MEDICATIONS NOT ADMINISTERED

NURSE'S SIGNATURE

STAT OR SINGLE DOSE MEDICATIONS

MEDICATIONS NOT ADMINISTERED

NURSE'S SIGNATURE

STAT OR SINGLE DOSE MEDICATIONS

MEDICATIONS NOT ADMINISTERED

NURSE'S SIGNATURE

DATE	FULL SIGNATURE	INITIALS	PRINT NAME
4/19/06	KELLO JS	Q	Winslow, July 2006, LPN
4/21 4/21 4/25	Jr T. Ester Smith A.	T.E. R	T. ESTER H E. SMITH BONITA CRD

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM B

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

PATIENT LAST NAME REYES	FIRST NAME JASON	BOOK & CASE NUMBER 349 06 02 G28	HOUSING AREA 03 NIC	ALLERGIES NKA
DRUG OXYCONTIN SR	DOSE 20mg	ROUTE PO	FREQUENCY BID	DURATION 14d
INDICATION				

3

DRUG COMAPTA	DOSE 60mg	ROUTE PO	FREQUENCY QD	DURATION 3-2
INDICATION				
DRUG FLUNIGIL	DOSE 200mg	ROUTE PO	FREQUENCY QD	DURATION 14d
INDICATION				

DATE 5/21/06	TIME 12	PREScriBER SIGNATURE H. Bhatti, MD	STAMP 0664 Thomas Schwaner, PA	RPH
PATIENT LAST NAME REYES	FIRST NAME JASON	BOOK & CASE NUMBER 349 06 02 G28	HOUSING AREA 03 NIC	ALLERGIES NKA
DRUG OXYCONTIN SR	DOSE 20mg	ROUTE PO	FREQUENCY BID	DURATION 7d
INDICATION				

2

DRUG COMAPTA	DOSE 60mg	ROUTE PO	FREQUENCY QD	DURATION 7d
INDICATION				
DRUG FLUNIGIL	DOSE 200mg	ROUTE PO	FREQUENCY QD	DURATION 7d
INDICATION				

1

DATE 5/21/06	TIME 12	PREScriBER SIGNATURE H. Bhatti, MD	STAMP 0664 Thomas Schwaner, PA	RPH
PATIENT LAST NAME REYES	FIRST NAME JASON	BOOK & CASE NUMBER 349 06 02 G28	HOUSING AREA 03 NIC	ALLERGIES NKA
DRUG OXYCONTIN SR	DOSE 20mg	ROUTE PO	FREQUENCY BID	DURATION 7d
INDICATION	PER DAY MORN ALCURATE			

1

DRUG COMAPTA	DOSE 60mg	ROUTE PO	FREQUENCY QD	DURATION 7d
INDICATION	PER DAY MORN ALCURATE			
DRUG FLUNIGIL	DOSE 200mg	ROUTE PO	FREQUENCY QD	DURATION 7d
INDICATION				

1

DRUG FLUNIGIL	DOSE 200mg	ROUTE PO	FREQUENCY QD	DURATION 7d
INDICATION	PER DAY MORN ALCURATE			
DATE 4/27/06	TIME 12	PREScriBER SIGNATURE H. Bhatti, MD	STAMP 0664 Thomas Schwaner, PA	RPH

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